

EMPLOYEE/GUEST IDENTIFICATION BADGE APPLICATION

“Identification Card/Security Badge Application” forms (BNL Form F 2868B) are available through BNL stock. The sponsoring Department/Division issues the BNL employee/guest an application form with the appropriate fields completed. The form is presented to the Personnel Security Section in Building 30 for issuance of a photo ID Badge.

Name (Last, First, Middle Initial)		Card/Badge Number
Life/Guest No.	Clearance	<p>ACKNOWLEDGEMENT: Your photograph may be used for other official purposes within the Laboratory.</p> <p>Applicant Signature _____</p> <p>SSN: ____ - ____ - ____ CITIZENSHIP: _____</p>
<input type="checkbox"/> Employee <input type="checkbox"/> Contractor	<input type="checkbox"/> Guest <input type="checkbox"/> Retiree	
Date Issued		
Expiration Date		
Organization		
Department/Division Manager Signature		

BNL F 2860B

IDENTIFICATION CARD/SECURITY BADGE APPLICATION

FRONT OF APPLICATION FORM

Name (Last, First, Middle Initial)		Card/Badge Number	
		Old:	New:
Life/Guest No.	Organization	Clearance Level	
Date Lost	Location		
<p>I will endeavor to locate my lost card and, upon recovery, I will return it to the Safeguards and Security Division (Building 50) with an explanation of how and where I located it.</p> <p>_____</p> <p style="text-align: right;"><i>Signature</i></p> <p>..... FOR OFFICIAL USE ONLY</p>			
Card coded for Security areas: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date Recovered:	Date Returned:	Date Destroyed:	
LOST IDENTIFICATION CARD/SECURITY BADGE RECORD			

BACK OF APPLICATION FORM

CONTRACTOR IDENTIFICATION BADGE APPLICATION

“Contractor Identification Badge Application” forms (BNL Form F 3014CB) are available through BNL stock. These applications are used for those contractors requiring Contractor/Vendor Orientation training. The sponsoring Department/Division issues the contractor an application form with the appropriate fields completed. The form is presented to the Personnel Security Section in Building 30 for issuance of a photo ID Badge.

Name _____ (please print) Last First Middle Initial		Male _____ Female _____ Gender	Badge Number _____
Life No./I.D. _____	Clearance _____	Acknowledgement: Your photograph may be used for other official purposes within the Laboratory.	
Effective Date _____			
Expected End Date _____		Citizenship Country _____	SSN _____
BNL Contact _____		Home Address _____	
Sponsoring Dept./Div. _____		City _____ State _____ Zip Code _____	Country _____
BNL Dept./Div. Authorizing Signature _____		Home Phone # (____) _____ - _____	Emergency Contact's Name _____
Print Authorizing Signature _____		E-mail Address _____	Relationship to Employee _____
Authorizer's Life # _____		Company Name _____	<input type="checkbox"/> Check box if same as employee
Telephone Ext. _____		Company Address _____	Emergency Contact's Address _____
AUTHORIZER'S ARE RESPONSIBLE TO MAKE SURE THIS CARD IS COMPLETELY AND PROPERLY FILLED OUT!		City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____
		Company Phone # (____) _____ - _____	Emergency Contact's Phone # (____) _____ - _____
		Company Fax # (____) _____ - _____	
Training			
<input type="checkbox"/> Contractor/Vendor Orientation <input type="checkbox"/> General Employee Training Date Attended _____ Instructor's Initials _____			
BNL F 3014C CONTRACTOR IDENTIFICATION BADGE APPLICATION			

FRONT OF APPLICATION FORM

Name _____ (please print) Last First Middle Initial			Lost Badge Number _____
Life. No. _____	Sponsoring Dept./Div. _____	Employer Name _____	Clearance Level _____
Date Lost _____		Location _____	
I will endeavor to locate my lost badge and, upon recovery, I will return it to the Safeguards and Security Division (Building 30) with an explanation of how and where I located it.			
_____ Signature			
FOR OFFICIAL USE ONLY			
Card coded for Security areas: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Date Recovered:	Date Returned:	Date Destroyed:
LOST CONTRACTOR BADGE RECORD		

BACK OF APPLICATION FORM